PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003 110-785-648

			C14411		<u>.,,,,,</u>	0 -(
 		CLAIMS A	(Colum		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			23			· ·		RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		·	BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			23 mi	nus 20=	* 3			X\$ 9=		OR	X\$18=	54
INDEPENDENT CLAIMS				inus 3' =	*	0		X43=		OR.	X86=	
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	1	OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in colu						column 2	į	TOTAL		OR	TOTAL	824
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1)				(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	·	=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MI	Minus	DEPENDENT		=		X43=		OR	X86=	
Ц.,				ENDERT	CDAIN			+145=		OR	+290=	
								TOTAL	·	OR ,	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE		1 0	ADDIT. FEE	
В		CLAIMS		HIGHE	ST	(Coldmin 3)	Г		ADDI-	1 [- 1	4001
AMENDMENT I		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	_	=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	F	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┢			OR	7,002	
·								+145= TOTAL		OR	+290=	
									•	OR A	TOTAL DDIT. FEE	
		(Column 1)		(Column		(Column 3)					•	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	*	Minus	**		=		X\$ 9=	-	OR	X\$18=	
ME	Independent		Minus	***	1	=		X43=		t	Yes	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							^43=		OR	X86=	
* .H	the entry in colum	nn 1 is less than the	entry in colum		* in cal-		Ŀ	+145=		OR	+290=	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OR TOTAL ADDIT. FEE												
T	he *Highest Num	ber Previously Paid	For (Total or)	Independent	ess than) is the h	3, enter "3." highest number (ropriate box			